

REPORT JOB: SWI JMPQD
REPORT NAME: HMPRDM78

DME INDEX/MAFS

DATE: 020304
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KEY TO DME INDEX/MAF REPORT

ATTACHED IS THE WISCONSIN MEDICAID PROGRAM DME INDEX/MAXIMUM ALLOWABLE FEE SCHEDULE. THIS DME INDEX/MAFS COMPLETELY REPLACES PRIOR DME INDICES.

WISCONSIN MEDICAID CERTIFIED PROVIDERS ARE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR CUSTOMARY CHARGE OR THE MAXIMUM ALLOWABLE FEE, IN ACCORDANCE WITH THE TERMS OF REIMBURSEMENT.

WISCONSIN MEDICAID UTILIZES HCPCS NATIONAL LEVEL II CODES DEVELOPED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). PROVIDERS USING THE PROCEDURE CODES LISTED IN THIS INDEX MUST SELECT THE PROCEDURE CODES THAT MOST ACCURATELY IDENTIFY THE EQUIPMENT OR SERVICE ORDERED BY THE PHYSICIAN AND DELIVERED.

MOST PROCEDURE CODES LISTED IN THIS INDEX ARE INCLUSIVE OF ALL COMPONENTS NECESSARY TO THE FUNCTIONING OF THE PART OR EQUIPMENT. BILLING ADDITIONALLY OR SEPARATELY FOR THESE COMPONENTS WHEN PROVIDED AT THE SAME TIME COULD RESULT IN DENIALS FROM WISCONSIN MEDICAID WHEN THERE EXISTS A MORE INCLUSIVE CODE.

WISCONSIN ADMINISTRATIVE CODE HFS 107.24(B) STATES COVERED SERVICES ARE LIMITED TO ITEMS CONTAINED IN THE WISCONSIN DURABLE MEDICAL EQUIPMENT (DME) AND MEDICAL SUPPLIES INDICES. ITEMS PRESCRIBED BY A PHYSICIAN WHICH ARE NOT CONTAINED IN THESE INDICES REQUIRE PRIOR AUTHORIZATION FOR CONSIDERATION OF COVERAGE.

THESE ITEMS MAY BE REQUESTED USING THE APPROPRIATE "NOT OTHERWISE CLASSIFIED CODE" (NOC). HOWEVER, DOCUMENTATION MUST INCLUDE A COMPLETE DESCRIPTION OF THE NATURE, EXTENT, AND NEED FOR THE SERVICE OR EQUIPMENT. PRIOR TO USING AN UNLISTED PROCEDURE CODE YOU MUST DETERMINE IF A SPECIFIC HCPCS CODE IS NOT AVAILABLE FOR USE.

IF YOU HAVE QUESTIONS REGARDING THE INFORMATION ATTACHED, PLEASE CONTACT THE DHCF POLICY UNIT BY WRITING TO:

DME POLICY ANALYST
POLICY SECTION
DHCF, P.O. BOX 309
MADISON, WI 53701-0309

DME INDEX/MAXIMUM ALLOWABLE FEE SCHEDULES ARE AVAILABLE ON THE WISCONSIN MEDICAID WEBSITE IN EXE, PDF, TXT, AND INTERACTIVE FORMATS. THE INDICES ARE ALSO AVAILABLE ON THE EDS-EPIX PC BULLETIN BOARD, MICROFICHE, TAPE CARTRIDGE, MAGNETIC TAPE AND DISKETTE. REFER TO PART A OF YOUR PROVIDER HANDBOOK FOR ADDITIONAL INFORMATION.

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FIELD HEADING

DESCRIPTION

PROC CODE

5-CHARACTER HCPCS PROCEDURE CODE. IF A SPACE AND MODIFIER RR DISPLAY AFTER THE PROCEDURE CODE, THE ITEM IS A

RENTAL. IF NO RR MODIFIER DISPLAYS
AFTER THE PROCEDURE CODE, THE ITEM
IS A PURCHASE. IF THE PROCEDURE CODE
IS FOLLOWED BY A DASH AND TWO DIGITS,
THE PROCEDURE CODE REQUIRES THE USE OF
THE NATIONAL MODIFIER INDICATED.

NOTE: ALL RENTAL PAYMENTS PAID TO THE
SAME PROVIDER ARE DEDUCTED FROM THE
MAXIMUM ALLOWABLE REIMBURSEMENT FOR
THE SUBSEQUENT PURCHASE.

PAC

3-CHARACTER PRICING ACTION CODE.
170 - PAID AT THE LOWER OF THE
BILLED AMOUNT OR MAXIMUM
ALLOWABLE FEE
11J - INDIVIDUAL CONSIDERATION,
MEDICAL CONSULTANT REVIEW
1FO - INDIVIDUAL CONSIDERATION

MAX FEE

MAXIMUM ALLOWABLE FEE.

EFF DATE

THE DATE OF SERVICE ON OR AFTER WHICH
THE MAXIMUM ALLOWABLE FEE APPLIES.

FULL DESC

THE COMPLETE DESCRIPTION OF A
PROCEDURE CODE.

POS

THE PLACE OF SERVICE CODES A PROCEDURE
CAN BE PROVIDED IN.
11 - OFFICE
12 - HOME
31 - SKILLED NURSING FACILITY
32 - NURSING FACILITY
99 - OTHER PLACE OF SERVICE

NOTE: ITEMS PROVIDED IN POS 31 AND
32 MAY BE SEPARATELY BILLED TO
WISCONSIN MEDICAID ONLY IF "Y" IS
INDICATED IN THE NH FIELD.

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PROV TYPES

THE VALID OR INVALID PROVIDER TYPES
FOR A PROCEDURE CODE.
24 - FQHC
26 - PHARMACY
30 - CHIROPRACTIC
34 - PHYSICAL THERAPISTS
35 - OCCUPATIONAL THERAPISTS
36 - SPEECH AND HEARING CLINICS
37 - AUDIOLOGIST
38 - THERAPY GROUP
44 - HOME HEALTH AGENCY
45 - NURSE PRACTITIONER
48 - HOME HEALTH/PERSONAL CARE DUALY
CERTIFIED
52 - REDUCED SERVICES
54 - DURABLE MEDICAL EQUIPMENT VENDOR
58 - OTHER MEDICAL SUPPLIER
65 - REHABILITATION AGENCY
78 - SPEECH THERAPY
79 - ICF/MR FACILITY

80 - NURSING FACILITY
95 - HOSPICE

BI

BILATERAL INDICATOR. A "Y" INDICATES THAT THE ITEM MAY BE BILLED SINGLY OR AS A PAIR. AN "N" INDICATES THAT THE ITEM MAY NOT BE BILLED AS BILATERAL.

IF BILATERAL ITEMS ARE BILLED FOR THE SAME DATE OF SERVICE, A QUANTITY OF "2" OR MORE MUST BE USED.

IF BILATERAL ITEMS ARE PROVIDED ON DIFFERENT DATES OF SERVICE, THE "50" MODIFIER MUST BE INDICATED WITH THE PROCEDURE CODE OF THE ADDITIONAL ITEM BILLED.

PA REQ

PRIOR AUTHORIZATION REQUIREMENT INDICATORS.

Y INITIAL PURCHASE OR INITIAL RENTAL OF THE DME ITEM REQUIRES PRIOR AUTHORIZATION

30 RENTAL OF THE DME ITEM BEYOND 30 DAYS REQUIRES PRIOR AUTHORIZATION.

60 RENTAL OF THE DME ITEM BEYOND 60 DAYS REQUIRES PRIOR AUTHORIZATION.

90 RENTAL OF THE DME ITEM BEYOND 90 DAYS REQUIRES PRIOR AUTHORIZATION.

180 RENTAL OF THE DME ITEM BEYOND 180 DAYS REQUIRES PRIOR AUTHORIZATION.

\$ CHARGES EXCEEDING THE SPECIFIED DOLLAR AMOUNT FOR A COMPLETE SERVICE/ITEM REQUIRES PRIOR AUTHORIZATION.

N INITIAL PURCHASE OR INITIAL RENTAL OF A DME ITEM DOES NOT REQUIRE PRIOR AUTHORIZATION.

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LIFE EXP

INDICATES THE EXPECTED LIFE OF THE ITEM. PRIOR AUTHORIZATION IS REQUIRED IF THE DME ITEM NEEDS TO BE REPLACED BEFORE THE END OF ITS EXPECTED LIFE.

NH

A "Y" INDICATES THE DME ITEM MAY BE SEPARATELY BILLED TO WISCONSIN MEDICAID FOR NURSING HOME RECIPIENTS. AN "N" INDICATES THE DME ITEM MAY NOT BE BILLED SEPARATELY TO WISCONSIN MEDICAID FOR NURSING HOME RECIPIENTS.

NOTE: MANUAL WHEELCHAIR RENTALS (MODIFIER RR) ARE NOT SEPARATELY REIMBURSABLE TO NURSING HOME RECIPIENTS.

MANUAL/POWER/MOTORIZED WHEELCHAIR AND ACCESSORY PURCHASES ARE SEPARATELY REIMBURSABLE TO NURSING HOME RECIPIENTS ONLY UNDER LIMITED CONDITIONS. SEE YOUR WISCONSIN

MEDICAID PROVIDER HANDBOOK, PART N,
AND WISCONSIN MEDICAID UPDATES FOR
FOR THESE SPECIAL CIRCUMSTANCES.

COPAY

INDICATES THE COPAYMENT ON DME
PURCHASES. IF SEVERAL SERVICES ARE
PERFORMED DURING ONE VISIT, MORE THAN
ONE COPAY MAY APPLY.

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DME INDEX/MAFS CATEGORIES

HOME HEALTH EQUIPMENT

AMBULATION EQUIPMENT-CANES
CRUTCHES
WALKERS
ATTACHMENTS: CANES, CRUTCHES, WALKERS
BATH AND TOILET AIDS
COMMUNDES
DECUBITUS CARE EQUIPMENT
HEAT AND COLD APPLICATION
HOSPITAL BEDS
MATTRESSES
BED ACCESSORIES
BED PANS/URINALS
MONITORING EQUIPMENT
COMMUNICATION DEVICES
PATIENT LIFTS
PNEUMATIC EQUIPMENT
ELECTROTHERAPY MODALITIES
PUMPS
TRACTION AND RELATED EQUIPMENT-CERVICAL
TRACTION EQUIPMENT-OVERDOOR
TRACTION EQUIPMENT-EXTREMITY
TRACTION EQUIPMENT-PELVIC
TRAPEZE EQUIPMENT, FRACTURE FRAME AND OTHER ORTHOPEDIC DEVICES
ADAPTIVE EQUIPMENT
POSITIONING EQUIPMENT
MISCELLANEOUS DME AND REPAIR

RESPIRATORY EQUIPMENT

OXYGEN CONTENTS
OXYGEN AND RELATED RESPIRATORY SYSTEMS
ADDITIONAL OXYGEN RELATED SUPPLIES AND EQUIPMENT
CONCENTRATORS
OXYGEN ENRICHER SYSTEMS
IPPB
HUMIDIFIERS
COMPRESSORS
NEBULIZERS
SUCTION PUMP/ROOM VAPORIZERS AND RELATED EQUIPMENT
SUPPLIES-OXYGEN/RELATED RESPIRATORY EQUIPMENT-VENTILATORS/RESPIRATORS
MISCELLANEOUS-OXYGEN/RELATED RESPIRATORY EQUIPMENT
OXYGEN TENTS
MONITORS-CARDIOPULMONARY
REPAIRS-OXYGEN THERAPY EQUIPMENT

WHEELCHAIRS AND WHEELCHAIR ACCESSORIES

WHEELCHAIR ACCESSORIES
WHEELCHAIR-STANDARD

WHEELCHAIR-LIGHTWEIGHT
WHEELCHAIR-HEAVY DUTY
WHEELCHAIR-WIDE HEAVY DUTY
WHEELCHAIR-HEMI
WHEELCHAIR-HIGH STRENGTH
WHEELCHAIR-SEMI RECLINING
WHEELCHAIR-FULLY RECLINING
WHEELCHAIR-AMPUTEE
WHEELCHAIR-ONE ARM DRIVE

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WHEELCHAIR-MISCELLANEOUS
MOTORIZED WHEELCHAIR
BATTERIES-WHEELCHAIRS

ORTHOTIC DEVICES

SPIINAL-CERVICAL
SPIINAL-THORACIC
SPIINAL-THORACIC-LUMBAR-SACRAL-FLEXIBLE
ANTERIOR-POSTERIOR CONTROL
ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL
SPIINAL-LUMBAR SACRAL-FLEXIBLE
ANTERIOR-POSTERIOR-LATERAL CONTROL
ANTERIOR-POSTERIOR CONTROL
LUMBAR FLEXION
ANTERIOR-POSTERIOR-LATERAL CONTROL (BODY JACKET)
SPIINAL-SACROLIAC-FLEXIBLE
SEMI-RIGID
SPIINAL-CERVICAL-THORACIC-LUMBAR-SACRAL-HALO-ANTERIOR-POSTERIOR-LATERAL
HALO PROCEDURE
SPIINAL-TORSO SUPPORTS-PTOSIS SUPPORTS
PENDULOUS ABDOMEN SUPPORT
POST SURGICAL SUPPORT
ADDITIONS TO SPIINAL ORTHOSES
SCOLIOSIS PROCEDURES-SCOLIOSIS-CERVICAL-THORACIC-LUMBAR-SACRAL
CORRECTION PADS
SCOLIOSIS-THORACIC-LUMBAR-SACRAL (LOW PROFILE)
OTHER SCOLIOSIS PROCEDURES
THORACIC-HIP-KNEE-ANKLE
LOWER LIMB-HIP-FLEXIBLE
LEGG PERTHES
KNEE
ANKLE-FOOT
HIP-KNEE-ANKLE-FOOT
TORSION CONTROL
FRACTURE ORTHOSES
ADDITIONS TO FRACTURE ORTHOSIS
ADDITIONS TO LOWER EXTREMITY ORTHOSIS-ADDITIONS-SHOE-ANKLE-SHIN-KNEE
ADDITIONS TO STRAIGHT OR OFFSET KNEE JOINTS
ADDITIONS-THIGH/WEIGHT BEARING-GLUTEAL/ISCHIAL WEIGHT
ADDITIONS-PELVIC AND THORACIC CONTROL
ADDITIONS-GENERAL-LOWER EXTREMITY

ORTHOPEDIC SHOES, MODIFICATIONS, TRANSFERS

INSERT, REMOVABLE, MOLDED TO PATIENT MODEL
ARCH SUPPORT, REMOVABLE PREMOLDED
ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE
ABDUCTION AND ROTATION BARS
ORTHOPEDIC FOOTWEAR
SHOE MODIFICATION-LIFTS
SHOE MODIFICATION-WEDGES
SHOE MODIFICATION-HEELS

MI SCELLANEOUS SHOE ADDITIONS
TRANSFER OR REPLACEMENT
DIABETIC SHOE SUPPLIES

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ORTHOTIC DEVICES

UPPER LIMB-SHOULDER
ELBOW
WRIST-HAND-FINGER
ADDITIONS-UPPER LIMB
DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICES
EXTERNAL POWER
OTHER WRIST-HAND-FINGER ORTHOSES-CUSTOM FITTED
UPPER LIMB-SHOULDER-ELBOW-WRIST-HAND-ABDUCTION POSITIONING-CUSTOM FIT
ADDITIONS TO MOBILE ARM SUPPORT
FRACTURE ORTHOSES
SPECIFIC REPAIR-ORTHOSES
REPAIRS-ORTHOTIC
ANCILLARY ORTHOTIC SERVICES

PROSTHETIC PROCEDURES

LOWER LIMB-PARTIAL FOOT
ANKLE
BELOW KNEE
KNEE DISARTICULATION
ABOVE KNEE
HIP DISARTICULATION
HEMIPLECTOMY
ENDOSKELETAL-BELOW KNEE
ENDOSKELETAL-KNEE DISARTICULATION
ENDOSKELETAL-ABOVE KNEE
ENDOSKELETAL-HIP DISARTICULATION
ENDOSKELETAL-HEMIPLECTOMY
IMMEDIATE-EARLY-INITIAL-PREPARATORY/POST SURGICAL/FITTING PROCEDURES
INITIAL PROSTHESIS
PREPARATORY PROSTHESIS
ADDITIONS TO LOWER EXTREMITY
TEST SOCKETS
SOCKET VARIATIONS
SOCKET INSERT AND SUSPENSION
ADDITIONS-KNEE-SHIN-SYSTEM-EXOSKELETAL
ADDITIONS-KNEE-SHIN-SYSTEM-ENDOSKELETAL
UPPER LIMB-PARTIAL HAND
WRIST DISARTICULATION
BELOW ELBOW
ELBOW DISARTICULATION
ABOVE ELBOW
SHOULDER DISARTICULATION
INTERSCAPULAR THORACIC
IMMEDIATE AND EARLY POST SURGICAL
ENDOSKELETAL-BELOW ELBOW
ENDOSKELETAL-ELBOW DISARTICULATION
ENDOSKELETAL-ABOVE ELBOW
ENDOSKELETAL-SHOULDER DISARTICULATION
ENDOSKELETAL-INTERSCAPULAR THORACIC
ADDITIONS TO UPPER EXTREMITY
TERMINAL DEVICES-HOOKS
TERMINAL DEVICES-HANDS
GLOVES FOR ABOVE HANDS
HAND RESTORATION
EXTERNAL POWER-BASE DEVICES

EXTERNAL POWER-TERMINAL DEVICES
EXTERNAL POWER-ELBOW
EXTERNAL POWER-CONTROL MODULES
EXTERNAL POWER-BATTERY COMPONENTS
REPAIRS-PROSTHETIC
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GENERAL-PROSTHESES
ELASTIC-SUPPORTS
TRUSSES
PROSTHETIC SOCKS
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VALID DME PROCEDURE CODES WITH MODIFIERS

E0424-QE RR PAC: 170 MAX FEE: \$ 3.40 EFF DATE: 07/01/03
FULL DESC: STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM; RENTAL,
INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA
OR MASKS AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE LITER
PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

E0424-QG RR PAC: 170 MAX FEE: \$ 10.20 EFF DATE: 07/01/03
FULL DESC: STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM; RENTAL,
INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA
OR MASKS AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR
LITERS PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

E0439-QE RR PAC: 170 MAX FEE: \$ 3.40 EFF DATE: 07/01/03
FULL DESC: STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER
CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASKS,
AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE LITER PER
MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

E0439-QG RR PAC: 170 MAX FEE: \$ 10.20 EFF DATE: 07/01/03
FULL DESC: STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER
CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASKS,
AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR LITERS PER
MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

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VALID DME PROCEDURE CODES WITH MODIFIERS

E0450-52 RR PAC: 170 MAX FEE: \$ 7.75 EFF DATE: 01/01/04
 FULL DESC: VOLUME VENTILATOR, STATIONARY OR PORTABLE, WITH BACKUP RATE
 FEATURE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE), REDUCED
 SERVICES

POS: 11 12 31 32
 PROV TYPES: VALID 24 26 44 48 54 58
 BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$0.00

E0454-52 RR PAC: 170 MAX FEE: \$ 9.05 EFF DATE: 01/01/04
 FULL DESC: PRESSURE VENTILATOR WITH PRESSURE CONTROL, PRESSURE SUPPORT
 AND FLOW TRIGGERING FEATURES, REDUCED SERVICES

POS: 11 12 31 32
 PROV TYPES: VALID 24 26 44 48 54 58
 BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$0.00

E0472-52 RR PAC: 170 MAX FEE: \$ 6.72 EFF DATE: 01/01/04
 FULL DESC: RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY,
 WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G.,
 TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE
 AIRWAY PRESSURE DEVICE), REDUCED SERVICES

POS: 11 12 31 32
 PROV TYPES: VALID 24 26 44 48 54 58
 BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$0.00

E0621-59 PAC: 170 MAX FEE: \$ 85.89 EFF DATE: 10/01/03
 FULL DESC: SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON, WITH COMMODE
 OPENING

POS: 11 12 31 32
 PROV TYPES: VALID 24 26 44 48 54 58
 BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$2.00

E1230-59 PAC: 170 MAX FEE: \$3,222.87 EFF DATE: 10/01/03
 FULL DESC: POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY), REAR
 WHEEL DRIVE, SPECIFY BRAND NAME AND MODEL NUMBER

POS: 11 12 31 32
 PROV TYPES: VALID 24 26 44 48 54 58
 BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: \$3.00

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VALID DME PROCEDURE CODES WITH MODIFIERS

E1230-59 RR PAC: 170 MAX FEE: \$ 9.13 EFF DATE: 10/01/03
 FULL DESC: POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY), REAR
 WHEEL DRIVE, SPECIFY BRAND NAME AND MODEL NUMBER

POS: 11 12 31 32
 PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$0.00

E1390-QE RR PAC: 170 MAX FEE: \$ 3.40 EFF DATE: 07/01/03
FULL DESC: OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF
DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE
PRESCRIBED FLOW RATE(PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE
LITER PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

E1390-QG RR PAC: 170 MAX FEE: \$ 10.20 EFF DATE: 07/01/03
FULL DESC: OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF
DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED
FLOW RATE (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR LITERS PER
MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00
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HOME HEALTH EQUIPMENT

+ COMMUNICATION DEVICES

E2500 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2500 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E2502 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES
RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2502 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES
RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

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E2504 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED

MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES
RECORDING TIME
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00
E2504 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES
RECORDING TIME
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00
E2506 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00
E2506 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00
E2508 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE
FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00
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E2508 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE
FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00
E2510 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE
METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00
E2510 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE
METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00
E2511 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR
PERSONAL DIGITAL ASSISTANT
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00
E2511 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR
PERSONAL DIGITAL ASSISTANT
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E2512 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00
REPORT JOB: SWI JMPQD DME INDEX/MAFS DATE: 020304
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E2512 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E2599 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2599 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04
FULL DESC: ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED
POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

L8500 PAC: 170 MAX FEE: \$ 798.86 EFF DATE: 07/01/02
FULL DESC: ARTIFICIAL LARYNX, ANY TYPE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: N LIFE EXP: NH: Y COPAY: \$ 3.00

L8501 PAC: 170 MAX FEE: \$ 44.21 EFF DATE: 07/01/02
FULL DESC: TRACHEOSTOMY SPEAKING VALVE (EACH)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: N LIFE EXP: NH: Y COPAY: \$ 2.00

V5336 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/23/98
FULL DESC: REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE
(EXCLUDES ADAPTIVE HEARING AID)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: \$ 150.00 LIFE EXP: NH: Y COPAY: \$ 0.00
REPORT JOB: SWI JMPQD DME INDEX/MAFS DATE: 020304
REPORT NAME: HMPRDM78 PAGE: 16

+ MISCELLANEOUS DME AND REPAIR

E1340 PAC: 170 MAX FEE: \$ 10.84 EFF DATE: 07/01/02
FULL DESC: REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT
REQUIRING THE SKILL OF A TECHNICIAN; LABOR COMPONENT, PER 15 MINUTES
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: \$ 84.01 LIFE EXP: NH: Y COPAY: \$ 0.00

E1399 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03
FULL DESC: DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE
DESCRIPTION OF DME)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 1.00

E1399 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03
FULL DESC: DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE
DESCRIPTION OF DME)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

****END OF REPORT****